Good Shepherd Centres

135 Mary Street, Box 1003
Hamilton, Ontario, L8N 3R1
905-528-9109

Mending Hope, Lives and Families
** Charity Unlimited**

COMMUNITY AIDS INITIATIVE
35 AIKMAN AVENUE
HAMILTON, ONTARIO
L8M 3M8

May 10, 2000

Dear Service Provider

The Community AIDS Initiative is a project funded through the AIDS Community Action Program, Health Canada. This project is guided by a steering committee comprised of representatives from local health and social service agencies, especially those which provide HIV/AIDS-related services. The mandate of the project is to improve access to relevant information and services for people living with HIV/AIDS (PHAs) and their caregivers.

The Community AIDS Initiative project arose from a needs assessment that was commissioned by the Regional AIDS Advisory Committee in 1996. At that time, consumers and service-providers were surveyed in order to determine the range of available HIV/AIDS services in Hamilton-Wentworth, with the goal of identifying gaps in service. Since 1996, significant developments in medical treatments, along with epidemiological shifts, have resulted in changing needs for HIV/AIDS services. In the year 2000, the Community AIDS Initiative project would like to ensure that HIV/AIDS services in our communities keep pace with these changes.

We are looking for your assistance. The Questionnaire for Service Providers, enclosed, will assist the Community AIDS Initiative in assessing the inventory of current services in the Hamilton-Wentworth region. This will be the first step in the work to improve access to HIV/AIDS services in our communities. All answers will be collated and presented in aggregate form. The results will be released in a report in 2001.

Please take a few minutes to complete the enclosed survey and return it to Alda Grigaitis (Project Coordinator) at Good Shepherd by May 31, 2000.

If you have any questions regarding this correspondence or the Community AIDS Initiative project in general, then please contact Alda Grigaitis at (905) 525-5188 extension 27.

Thank you for helping us to improve HIV/AIDS services in our communities.

Sincerely,

D. Williams

Duane Williams
Chairperson, Community AIDS Initiative

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COMMUNITY AIDS INITIATIVE

35 Aikman Ave.
Hamilton, Ontario
L8M 3M8
fax # (905) 525-2366

QUESTIONNAIRE FOR SERVICE PROVIDERS
REGARDING SERVICES FOR PERSONS LIVING WITH HIV/AIDS

Please fill out this questionnaire and return by mail or fax, attention Alda Grigaitis, before May 31th, 2000. We will be following up by phone on June 15, 2000. Thank you.

Individual responses to this questionnaire will not be reported or recorded. All information will be reported in aggregate form only.

Name of agency/organization/business:

Name of person completing this survey:

Title:

Address:

Phone number:

1. What is the primary function of your organization? (Check one)

HIV Prevention & Education	❑
Direct Medical Care	❑
Nutrition Counselling	❑
Addictions Counselling	❑
Psycho social Support	❑
Home Care (nursing, homemaking, etc.)	❑
Housing	❑
Food	❑
Clothing	❑
Income/Financial Support	❑
Other	❑ (Please name)

2. a) Are you providing services to people living with HIV/AIDS?

Yes ❑ No ❑ Unsure ❑

b) If yes, please specify which services you provide to persons living with HIV/AIDS? (Please rank in order of service most provided, with 1 being service most provided)

HIV Prevention & Education	___
Direct Medical Care	___
Nutrition Counselling	___
Addiction Counselling	___
Psycho social Support	___
Home Care (nursing, homemaking, etc.)	___
Income/Financial Support	___
Housing	___
Food	___
Clothing	___
Other	___ (Please name)

c) Are any of these services designed specifically to meet the needs of people living with HIV/AIDS?

Yes ❑ No ❑

Please name services:

d) How can persons living with HIV/AIDS access your services?

By telephone	❑
Office visit	❑
Home visit	❑
Drop-in Centre	❑
Referral	❑
Other	❑ (Please name)

3. What gaps in HIV services in Hamilton-Wentworth should be filled (perhaps by another service organization or c: provider)? Please circle.

Housing	very important	important	somewhat important	not very important	not at all important
Transportation	very important	important	somewhat important	not very important	not at all important
Psycho social support	very important	important	somewhat important	not very important	not at all important
Income/Financial	very important	important	somewhat important	not very important	not at all important
Food	very important	important	somewhat important	not very important	not at all important
Direct Medical Care	very important	important	somewhat important	not very important	not at all important
Clothing	very important	important	somewhat important	not very important	not at all important
Addiction Counselling	very important	important	somewhat important	not very important	not at all important
HIV Prevention & Education	very important	important	somewhat important	not very important	not at all important
Home Care (nursing, homemaking, etc.)	very important	important	somewhat important	not very important	not at all important
Nutrition Counselling	very important	important	somewhat important	not very important	not at all important
Other (Please name)	very important	important	somewhat important	not very important	not at all important

4. What services, if any, would your organization like to develop or expand for persons living with HIV/AIDS? Please circle.

Transportation	very important	important	somewhat important	not very important	not at all important
Food	very important	important	somewhat important	not very important	not at all important
Housing	very important	important	somewhat important	not very important	not at all important
Psych social Support	very important	important	somewhat important	not very important	not at all important
Direct Medical Care	very important	important	somewhat important	not very important	not at all important
Clothing	very important	important	somewhat important	not very important	not at all important
Addiction Counselling	very important	important	somewhat important	not very important	not at all important
HIV Prevention & Education	very important	important	somewhat important	not very important	not at all important
Home Care (nursing, homemaking, etc.)	very important	important	somewhat important	not very important	not at all important
Nutrition Counselling	very important	important	somewhat important	not very important	not at all important
Income/Financial	very important	important	somewhat important	not very important	not at all important
Other (please name)	very important	important	somewhat important	not very important	not at all important

5. What would your organization require to provide these services? Please circle.

Funding	very important	important	somewhat important	not very important	not at all important
Education	very important	important	somewhat important	not very important	not at all important
Personnel	very important	important	somewhat important	not very important	not at all important
Mandate	very important	important	somewhat important	not very important	not at all important
Space	very important	important	somewhat important	not very important	not at all important
Other (Please name)	very important	important	somewhat important	not very important	not at all important

6. Would you like to receive more information on:

Community AIDS Initiative ❒
HIV/AIDS ❒
Community referrals ❒
Anonymous testing ❒
Other (Please name) ❒

7. Would you be interested in participating further in focus groups regarding accessing services for persons living with HIV/AIDS?

Yes ❒ No ❒

8. Would you like to receive a summary of results of this survey when available?

Yes ❒ No ❒

Comments:

Thank you for your participation.